

NH Medicaid
Care Management Program
Public Forum

Nashua, NH

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61 participants

Please note that the comments and priorities that follow reflect the opinions of participating workgroups and not necessarily those of the Department of Health and Human Services.

Photos of charts reflect workgroup work process and product. Items crossed out typically reflect brainstormed suggestions that were combined with others.

Recipient AND Provider Perspective – Exercise 1

For someone receiving Medicaid, what defines having the **highest quality life/health?**

- Access to & affordability of quality care Ability to reach maximum potential/goals
- Choice in services including who and where.
- Comprehensive, well coordinated, quality care that is evidence-based and comparable. Self directed and self-fulfilling
- Local, adequate and competent provider system.
- Whole person perspective for health and services (including activities of daily living) across the lifespan.
- Access right care at the right time...nothing unneeded Effective communication between providers.
- Barrier-free access to community or home-based individual care (similar to the consumer directed model we have today)
- Choice - of doctor, services, dental and where and when you want to go
- Maintenance of best medical and social health and freedom to be active in the community and as independent as possible.
- Respect - no bias, indistinguishable from non Medicaid citizens
- Quality opportunities including day program, socialization, recreation, employment
- Ease of enrollment

Recipient Perspective - Exercise 2

What's needed to increase # with high quality of life/health?

- New system must ensure an adequate number of quality providers and services for REAL choice (CDS/FDS for ALL people and no waitlist) with welcoming PCP and confidence in services.
- Integrated physical/social/psychological health with INDIVIDUALLY designed services ensuring easy and convenient access.
- Knowledge of availability, eligibility, and list of providers (including out of network) that is user friendly and accessible.
- Adequate funding & reimbursement
- Increased access and quality provider network and programming including out of state.
- Community based programming
- Care Management with timely processing, record keeping, information on rules and decisions, with knowledgeable and caring managers that works well with private insurance and includes caregivers and families in planning.

Provider Perspective – Exercise 2

What' s needed to increase # with high quality of life/health

- Services that are evidence based, efficient, affordable, and easy to evaluate.
- Innovative support designs that afford consumers freedom, flexibility, and individual choice.
- Providers that focus on PREVENTION
- Ability to refer client to ALL needed services, not just menu, including meds
- Care plan developed WITH client to meet needs.
- Need access to info and training in a timely manner.

Recipient Perspective – Exercise 3

In a care management program, what must happen in order to create **knowledgeable and informed** recipients?

- GOOD COMMUNICATION - easy access to REAL people, strong and clear communication from DHHS regarding the process and development of Medicaid managed care as it evolves, an a strong, reliable, MULTIFACETED communication system.
- Area agencies elder care service link should remain the way they are today.
- Strong case management with no conflict (not a payor or service provider)
- System cannot be overly complicated and must be both individualized and unified and must include innovative services driven by families and consumers.
- Information infrastructure accessible by first responders and provided to consumers at FIRST CONTACT
- Community based way to disseminate information (including individuals who do NOT speak English), perhaps through the use of a volunteer network.
- Strong case management and advocacy
- Accessible, transparent, comprehensible, multimedia information delivery with access to decision makers.
- Training on consumer directed services for EVERYONE with outreach to new participants, community based organization, and member services, and EVERYBODY

Provider Perspective – Exercise 3

In a care management program, what must happen in order to **create satisfied providers** instead of dissatisfied (or **Resistant**) providers?

- Fair, creative and timely compensation models that afford providers with financial incentives and rewards for quality outcomes.
- Regulatory structure that is not burdensome and promotes expanded capacity and quality of care
- Establish a statewide, user friendly, affordable health information system that improves care through ease of referral, access, and continuity of care.
- COMMUNICATION - responsiveness, timeliness, clarity of rules and regulations
- Flexibility within structure.
- Client driven NOT \$\$\$ driven.
- Easy to help people navigate through system with minimum barriers.

PROVIDERS

QUESTION # 1 PA

SMOOTH APPLICATION PROCESS
EASY

REACHES MAX POTENTIAL 3/GOALS

MEETS NEEDS

HAPPINESS

ACCESS TO NEEDED HEALTH SERVICES

FEELS EMPOWERED IN LIFE 1

CHOICES IN HOW TO ACCESS SERVICES

ALLOWING THEM TO REACH GOALS

CHOICES: WHO IS PROVIDING SERVICES 4

UTILIZING AVAILABLE SUPPORTS

ACCESS + AFFORDABILITY QUALITY CARE

NOT HAVING TO WORRY ABOUT A BILL

INDIVIDUALIZED

Q 1

PROVIDER B

A. Self-directed + self-fulfilling
(6) ↑

B. Local, adequate and competent provider system. (5)

C. Comprehensive, well coordinated, quality care that is evidence-based + comparable
(11)

PROVIDER Q 2 PB

Exercise 1 Recipient 10/5/5 BC 35-C-vote

• Support for Daily Living

Skills

① Reliability of Provider Service treatment

• Consistency of Provider

✓ Barriers minimized to or home

② free access to community based individualized care ←

• timely access to responsive providers

• individual choice (consumer directed model we have today)

③ effective better information on health care choices and services

④ effective communication between providers

Exercise #1

Recipient

✓ whole person perspective
⑧ for health + service (including ADL)
#1 across the life span

activities of Daily Living

Exercise is an important part of daily living

RECIPIENTS CAREGIVER

QUESTION #1 R1

- Access to right care @ right time... and not get what they do not need
- Integration of social & medical care leading to independence
- Choice - choosing own doctor ^{services/dental} → determining where you want to go when you want to go
- Absence of red tape
- Maintenance of ^{best medical and social} health & freedom to be [active] in the community (to be active in community) to be as independent as possible
- Access to same healthcare & dental care as every other citizen
- Everyone should get what they need... and not get what they don't need

- Having the same opportunities as everyone else
- Easy access to medical professionals & hospitals
- Individualized community supports directed by families
- Having a broad range of services available
- The best health possible
- Medical personnel on premises (not LPNs)
- Provide continuity before-during-after system change (medical professionals serving consumer)
- Local control

#1
pg 2

Quest #1

(RB)

Tally

7 Respect - no bias, indisting.
from non-Medicaid citizens,
personal satisfaction.

7 Quality opportunities - day program.
- recreation - socialization
- employment

4 Choice - full range sves.

3 ease of enrollment - ϕ hassle,
options

3' Meeting unique, individual needs of
given populations

1 Safety, security, adaptability

Quas 1

PA

▷ EFFECTIVENESS

▷ QUALITY

▷ INTEGRATION of SERVICES - ^{INDIVIDUALIZED} HOLISTIC / 2

▷ FREE of CONFLICT of INTEREST ^{COMPREHENSIVE} ①

▷ SERVICES STIGMA-FREE / MAINTAIN ①
DIGNITY

▷ ATTENTIVE / LISTENING

▷ GOOD FOLLOW-UP

Question 2

RB

Question #2 CAREGIVER

- Easy & convenient access
- Accountability & performance metrics reviewed on an annual basis
- Fair & efficient means of identifying the needs of the individual; (staff who understands those req.)
- Adequate funding for all services (no wait list)
- (Family and local control with...)
- Commitment to NH values
- Important to have staff that truly understand the needs of the individual
- Evidence based management - personal responsibility

- Integrated physical / social / psychological health with...
- Individually designed services ensuring easy & convenient access to the individual needs identified
- New system must ensure an adequate number of providers and services for real choice (CDS / FDS) for all people & no wait list
- Individual has PCP that makes him / her feel welcome; confidence in services provided

Q2

#2
Pg 2

Exercise 2 RC

- Knowledge of (for providers/recipients)
- availability + eligibility
 - Providers by specialty including out-of-state providers if applicable
- that is user friendly + access

Question 2

RB

Tally

- 7 - ↑ access & quality provider network and programming inc. Q-P-S
- 5 - community based programming
- 5 - case management
 - timely processing
 - record keeping
 - information ie: rules/decisions
 - knowledgeable & caring mgrs.
 - ~~adequate reimbursement~~
- 8 - Adequate funding & reimbursement
- Φ - ~~Adequate~~ Money follows client
- 1 - Mobility (eg client moves)

- work well w/ private ins.
- caregivers & families included in planning

PROVIDER Q 2 PB
A. ^{Quality} Services that is evidence based, ^{efficient} affordable, ^{easy} to evaluate. (189)

B. Innovative support designs that afford consumers freedom, flexibility, and individual choice. (7)

C. Providers that focus on prevention (5)

D. Full Continuum of ^{i.e. Oral Health} (Substance Abuse) Services (4)

Ques 2 PA

▶ REASONABLE RATE STRUCTURES

▶ NEEDS TO ACCOMMODATE CONSUMER CHOICE

▶ ~~CULTURALLY SENSITIVE~~

▶ ~~ABILITY TO PRESCRIBE NEEDS A MEDS~~

▶ RELY ON FACT THAT SOMEONE IS LOOKING AT BIG PICTURE

▶ RELIABILITY / ACCOUNTABILITY (2)

▶ ~~UNDERSTAND SYSTEM EASILY TO WORK WITHIN~~

Provider Ques 2

- ▷ IMPLEMENT w/o barriers
- ▷ LISTEN TO CLIENT: WHAT DO THEY WANT AND THEN
- ▷ DEVELOP CARE PLAN w/ CLIENT 2 MEET NEEDS (5)
- ▷ PROVIDER COMPETENT + FREE of CONFLICT of INTEREST (1)
- ~~▷ OFFER CONTINUUM of CHOICES FOR SUPPORT~~
UNDERSTAND +
- ▷ WORK w/IN REGS BUT STILL ABLE TO MOVE FORWARD - HELP CLIENT
- ▷ NEED ACCESS TO INFO + TRAINING IN TIMELY MANNER (3)
- ▷ ATTRACT QUALITY STAFF
- ▷ ABILITY TO REFER CLIENT TO ALL NEEDED SERVICES - NOT JUST "MENU" INCL MEDS (9)
CONTINUUM of services
- ▷ REACHING OUT - IDENTIFYING CLIENT BASE + being culturally sensitive (2)

Question #3

CARESSIVER

- Need to have real people to deal with → easy access to real people
- strong case management w/ no conflict (not a payer or service provider)
- Area agencies ^{elsewhere} Service Link should remain the way they are today
- Target oriented educational program delivered where the clients are ... at their level
- Strong and reliable ^{multi faceted} communications system
- Strong ^{and clear} communication ^{from DHS} regarding the process and development of Medicaid managed care as it evolves → Knowledge of emerging model as it is shaped from the managed care orgs. once designed ... target oriented education program to be delivered where the clients are ... at their level of understanding / comprehension

#3 (3)

• Multi faceted way of accessing information

• Good communication

A
B
C
C-1

Exercise 3

RC

#1

- System can not be overly complicated and must be both individualized and unified and must include

- #2 Information infrastructure
5 Accessible by first responders and provided to consumers at first contact

- #3 Community based way to disseminate information - including use of volunteers ~~to~~ → to individuals who don't speak English

→ Innovation Services driven by families and consumers

Tally

Question 3

RB

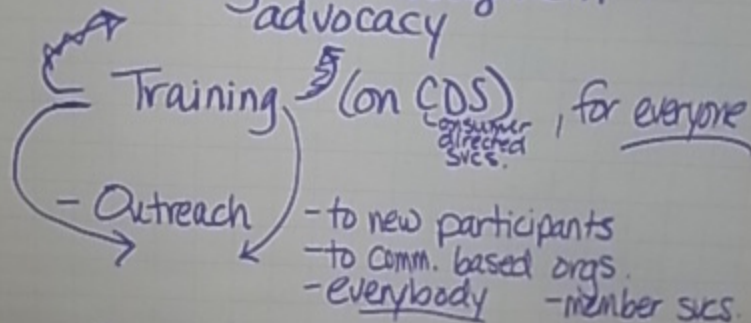
9

- Information delivery -
 - accessible - transparent
 - comprehensible - multi-media
 - access to decision makers

10

- Strong case management & advocacy

5



2

- Consumer protection (ie: HIPPA)

Q 3 PROVIDER B

- ⑩ A. Fair, ~~the~~ creative, + timely compensation models that afford providers with financial incentives, and rewards, for quality outcomes.
- B Regulatory structure that is not burdensome and that promotes expanded capacity and quality of care
- ⑥ Establish a statewide, user friendly, affordable health information system that improves care through ease of referral, access + continuity of care.
- ⑤

flexibility + freedom to Medicaid

PROVIDER QUES 3

- FLEXIBILITY WITHIN STRUCTURE ⑩
- ~~PROGRAM MUST HAVE QUALIFIED, HELPFUL STAFF - FOLLOWUP~~
- CLIENT-DRIVEN ②
NOT BS DRIVEN
- COMMUNICATION (2 WAY)
- REASONABLE NUMBER OF CLIENTS FOR QUALITY



PROVIDER QUES 3

- PROVIDER RESPECTED FOR THEIR ①
EXPERTISE / PROFESSIONALISM
- EASY TO HELP PEOPLE NAVIGATE
THRU THE SYSTEM ④
- COMPETENCE ①
- ~~IMPLEMENTATION~~ 4/6 BARRIERS
- TIMELY IMPLEMENTATION ④
- KNOW THERE IS A STABLE SYSTEM
- ~~RESPECTED AS A PROFESSIONAL~~ ①
- QUICK, ACCURATE RESPONSES TO ISSUES /
QUESTIONS
- CLARITY rules + regs
- REASONABLE REIMBURSEMENT RATE